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CENTRAL FAX CENTER

AUG 21 2006

"PATENT"

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	Before the Examiner
Adeana Richelle Bishop, et al.)	Prem C. Singh
U. S. Serial No. 10/652,390)	
)	Confirmation Number: 3586
Filed: August 29, 2003)	
)	Group Art Unit: 1764
OXYGENATE TREATMENT OF)	
DEWAXING CATALYST FOR)	Family Number: P2002J085 US2
GREATER YIELD OF DEWAXED)	
PRODUCT)	


Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

INTRODUCTORY COMMENTS

The Office Action of July 14, 2006, has been carefully reviewed, and in response thereto, applicants enclose:

- (1) an Amendment to the Claims, and
- (2) Remarks in support of the patentability of their claimed invention.

CERTIFICATION OF FACSIMILE TRANSMISSION		
I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents facsimile number 1-571-273-8300 on the date shown below.		
Susan Fleming		August 21, 2006
Print name of person signing certification	Signature	Date



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PATENT TRADEMARK OFFICE

BEST AVAILABLE COPY**RECEIVED
CENTRAL FAX CENTER****AUG 21 2006****"PATENT"****AMENDMENT TRANSMITTAL FORM**

In re application of: Adeana Richelle Bishop, et al.) Before the Examiner
 U. S. Serial No.: 10/652,390) Prem C. Singh
 Filed: August 29, 2003)
 For: OXYGENATE TREATMENT OF DEWAXING) Confirmation Number: 3586
 CATALYST FOR GREATER YIELD OF DEWAXED) Group Art Unit: 1764
 PRODUCT) Family Number: P2002J085 US2

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Susan Fleming

Signature

August 21, 2006

Date

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ _____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	* 64	Minus	** 69		x 50.00	—
Indep. Claims	* 6	Minus	*** 6		x 200.00	—
MULTIPLE DEPENDENT CLAIM FEE					\$ 360.00	—
FEE FOR CLAIM CHANGES						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Amendment, including claim changes and any extension of time is calculated to be \$ 0.

☒ Charge \$ 0 to DEPOSIT ACCOUNT NO. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to DEPOSIT ACCOUNT NO. 05-1330.

8/21/06
DATE OF SIGNATUREEstelle C. Bakun
ATTORNEY OR AGENT OF RECORD

Post Office Address: [to which correspondence is to be sent]
 ExxonMobil Research and Engineering Company
 P. O. Box 900
 Annandale, New Jersey 08801-0900

Estelle C. Bakun

Registration No. 35,054

☒ Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649



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